PTO/SB/06 (08-03)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Approved for use through 7/31/2006. OMB 0651-0032 PATENT APPLICATION FEE DETERMINATION RECORD Application of Docket Numbe Substitute for Form PTO-875 CLAIMS AS FILED - PART I : (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (37 CFR 1.16(a)) RATE -FEE TOTAL CLAIMS (37 CFR 1.16(c)) OR minus 20 = INDEPENDENT CLAIMS X S OR X ,\$ (37 CFR 1.16(b)) minus 3 = X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR f if the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Cólumn 1) (Column 2) (Column 3) OTHER THAN SMALL ENTITY OR **CLAIMS** HIGHEST SMALL ENTITY REMAINING ENT NUMBER PRESENT AFTER **PREVIOUSLY** ADDI-**EXTRA** RATE AMENDMENT ADDI-TIONAL PAID FOR Total (37 CFR 1.16(c)) ENDM TIONAL FEE Minus 20 FEE Minus. OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 SFR 1.16(d)) OR OR TOTAL ABO'L FEE FOTAL OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER ENT PRESENT **AFTER** RATE PREVIOUSLY ADDI-**EXTRA** RATE AMENDMENT ADDI-TIONAL FEE PAID FOR Total (37 CFR 1.16(c)) ENDMI TIONAL Minus FEE Independent (37 CFR 1.16(b)) X \$ Minus OR X \$ X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3)

**CLAIMS** ပ HIGHEST REMAINING NUMBER PRESENT ENT **AFTER** PREVIOUSLY EXTRA AMENDMENT PAID FOR Total (37 CFR 1.16(c)) ENDM Minus Independent (37 CFR 1.16(b)) Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

| -         |                        |    | -                  |                        |
|-----------|------------------------|----|--------------------|------------------------|
| RATE      | ADDI-<br>TIONAL<br>FEE |    | RATE               | ADDI-<br>TIONAL<br>FEE |
| X \$=     | ·                      | OR | X \$=              |                        |
| x \$=     |                        | OR | X \$=              |                        |
| + \$ =    |                        | OR | + \$=              | e.                     |
| ADD'L FEE |                        | OR | TOTAL<br>ADD'L FEE |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, in the collection of the confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, in the collection is estimated to take 12 minutes to complete. ose to to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is esumated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this ourden, should be sent to the Unier information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".